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APPLICANTS

Thomas J. Hurley, Kenmore, NY;

Keith W. Ware JR., Depew, NY;

** CONTINUING DATA ***** *PHS*
 NONE

** FOREIGN APPLICATIONS ***** *PHS*
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

29982
 JOSEPH P. GASTEL
 295 MAIN ST.
 SUITE 722
 BUFFALO, NY
 14203

TITLE

Sorbent capsule

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